	CHEDULE B (FEC Form 3X)	Lloo conorato	aahadula(a)	FOR LINE N		PAGE?796610F281811				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check only one)			24 25 26			
		Detailed Sum		27	X 28a		28c	25 29	26 30b	
	ny information copied from such Reports and Statem									
or	for commercial purposes, other than using the name	ne and address	of any political	committee to	solicit contrib	utions from	such co	mmitte	е.	
	NAME OF COMMITTEE (In Full) ActBlue									
/	Actblue									
_	Full Name (Last, First, Middle Initial)									
Α.	KRIS JOHNSON					Date of Disbursement				
	Mailing Address 5449 MODOC AVE					02		015	Y	
			0 1							
	- 7		Code 1804		Transacti	on ID : SB2	28A_255	68738		
	Purpose of Disbursement									
	Contribution Refund				Amount of	Each Disbu	ırsement	this P	eriod	
	Candidate Name			Category/				5.0	00	
	Office Sought: House Disbursen	nent For:		Туре		,	1			
		Primary	General		Refund of co	ontribution,	initially e	armark	ed for	
		Other (specify)	▼		DEMOCRATE COMMITTE			AMPAI	IGN	
	State: District:				COMMITTE	L (C00042)				
В.	Full Name (Last, First, Middle Initial) LARRY JOHNSON				Date of Dis	bursement				
					M M / D D / Y Y Y Y					
	Mailing Address 1800 GRAHAM #416				03	03	20	015		
	,		Code		Transacti	on ID : SB2	28A_249	50960		
	ST PAUL Purpose of Disbursement	MN 55	5116							
	Contribution Refund				Amount of	Each Disbu	ırsement	this Pe	eriod	
	Candidate Name			Category/				32.	00	
	Office Sought: House Disbursen	nont For:		Туре		7	7	OZ.	00	
		Primary	General		Refund of c	ontribution	initially e	armark	ed for	
	President	Other (specify)	▼		DEMOCRA	TIC SENAT	ORIAL C			
	State: District:				COMMITTE	E (C00042)	366)			
C.	Full Name (Last, First, Middle Initial)				Date of Dis	hursement				
	LARRY JOHNSON				M M / D D / Y Y Y Y					
	Mailing Address 1800 GRAHAM #416				03	03		015		
	City	State Zir	Code							
	ST PAUL		5116		Transacti	on ID : SB2	28A_249	50609		
	Purpose of Disbursement Contribution Refund		Г							
	Candidate Name				Amount of	Each Disbu	ırsement	this P	eriod	
				Category/ Type				15.0	00	
	Office Sought: House Disbursen	nent For:	_				7			
		Primary	General		Refund of co					
	State: President State:	Other (specify)	▼		DEMOCRATE COMMITTE			AIVIPAI	IGN	
								-	_	
S	SUBTOTAL of Disbursements This Page (optional)					7	7	52.0	00	
7	OTAL This Period (last page this line number only)									
						and the second	.46			